

☐ Initial Registration☐ Registration Update

Federal Employer Identification Number (FEIN) _____

1. Organization Name: _____

Other name(s) used: _____

2. (A) Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

(B) Mailing Address (if different): _____

City: _____ County: _____

State: _____ Zip Code: _____

3. Phone: _____ Fax number: _____

4. Name/address of other offices/chapters/branches/affiliates: (attach list)

5. State of Incorporation: _____ Date Incorporated: _____

Fiscal year end (date/month) _____

6. If not incorporated, type of organization, state of organization, and date established:

7. Has the organization or any of its officers, directors, employees or fund raisers:

- | | | |
|---|------------------------------|-----------------------------|
| A. Been enjoined by a government agency/court from soliciting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Had its registration denied or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Been the subject of a proceeding for any solicitation or registration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Entered into a voluntary agreement of compliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Applied for registration or for exemption from any state or agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Registered with or obtained exemption from any state or agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Solicited funds in any state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "yes" to 7A, B, C, D, E, please attach an explanation. If you answered "yes" to 7F and G, please attach a list of states where registered, exempted or where it solicited. You must also include the registering agency, dates of registration, registration numbers, any other names under which the organization is/was registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

8. Has the organization applied for or been granted IRS tax exemption status? ☐ Yes ☐ No

If yes, date of application _____, or date of notification letter _____

If granted an exemption under 501(c), please indicate number: _____

Are contributions to the organization tax-deductible? ☐ Yes ☐ No

9. Has tax exempt status ever been denied revoked, or modified? ☐ Yes ☐ No

10. Describe the purpose(s) and program(s) of the organization and those for which funds are solicited (attach a separate sheet if necessary).

-
-
-
11. The names, addresses (Street and PO Box) and phone number of the officers, directors, and executive of the organization must be listed on a separate sheet.

12. Has any officer, director or executive been convicted of a misdemeanor or felony? ☐ Yes ☐ No
(If yes, attach a complete explanation.)

13. Supply names and addresses (street and PO Box) for all persons below on a separate sheet.

Individual(s) responsible for custody of funds

Individual(s) responsible for distribution of funds

Individual(s) responsible for fund raising

Individual(s) responsible for custody of records

Bank(s) in which registrant's funds are deposited (include account number).

14. Indicate the following information about the organization's accountant/auditor:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Accounting Method: _____

15. Does the organization receive support from other non-profit organizations (foundations, public charities, combined campaigns, etc.)?

☐ Yes; indicate name:

☐ No

16. If your organization contracts with or engages the services of any outside fundraising professional (such as a "professional fundraiser (PFR)," "paid solicitor (PS)," "fund raising counsel (FRC)," or "commercial co-venturer (CCV)," attach a list. This list must include their names, address (Street

and PO Box), phone number, and location of offices used by them on behalf of your organization. Each entry must include a statement of services provided, whether the professional solicits on your Behalf, and whether the professional at anytime has custody or control of donations.

Amount paid to PFR/PS/FRC/CCV during previous year: \$ _____

Total contributions in previous year: \$ _____

Total fund raising cost in previous year: \$ _____

Under penalty of perjury, we certify that the above information and the information contained in any attachments are true, correct and complete.

_____ Officer Name (printed)	_____ Officer Name (printed)
_____ Officer Signature	_____ Officer Signature
_____ Official Title	_____ Official Title

Sworn to before me (date) _____, 20_____

Notary Public

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

I certify that the above statements on this application are true and complete to the best knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. I/We understand that, anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.